

Entered - 10-1-01 - sb
CL 01L0610 - GWENDOLYN BURNS

CLAIM OF:

ROBERT M. NEREM
2950 Waverly Court
Atlanta, Georgia 30339

01-*R*-1960

For vehicular damages alleged to have been sustained from an automobile accident on August 24, 2001 at 5th Street, NE & Peachtree Street, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

C-20

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0610

Date: October 16, 2001

Claimant /Victim ROBERT M. NEREM
BY: (Atty) (Ins. Co.) _____
Address: 2950 Waverly Court, Atlanta, Georgia 30339-4200
Subrogation: _____ Claim for Property damage \$ 2,204.76 Bodily Injury \$ _____
Date of Notice: 9/11/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/24/01 Place: 5th Street, NE & Peachtree Street, NE
Department PUBLIC WORKS Division _____ Sewer Operations _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a City vehicle. However, the Claimant has rejected the City's offer of settlement and has elected to pursue his claim through his insurance Company.

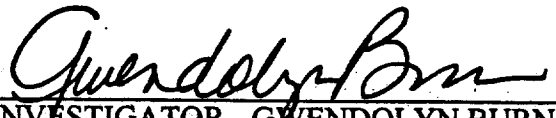
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-15-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK,
City Hall
55 Trinity Avenue, S.W. 1
Atlanta, Georgia 30335

RECEIVED

SEP 11 2001

RE: CLAIM FOR DAMAGES

Today's Date: September 5, 2001

MUNICIPAL CLERK

09-11-01A00:15

Dear Municipal Clerk:

ENTERED - 10-1-01 - SB
01L0610 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2204.76 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of Incident: 8/24/01 2. Time of Incident: 11:00 3. Police called: X
(month/day/year). Yes No

4. Location of Incident (including street address): Corner of Fifth and Peachtree

5. Name of your insurance company: State Farm Policy No. 124-5463-F05-11E

6. State what and how incident occurred: I was stopped on Fifth at a traffic light behind a
City of Atlanta truck driven by Anthony Daniel. He backed his truck up into my car
(see Police Report) and severely damaged the front end (see estimate)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo 540 2000 Robert M. Nerem
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: International Truck Anthony Daniel Beorean of Sewer Services
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Molly Croft 316 Ferguson St, Atlanta 404-525-5251
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Robert M. Nerem
(Print Claimant's Name)

2950 Waverly Court
(Address)

Atlanta, GA 30339-4200
(City, State and Zip Code)

404-894-2768 770-434-8985
(Work Number) (Home Number)

894-2228